



<State Name>

<Department Name>

<Unit Name>

<Address>

<City, State, Zip Code>

<Contact Number>

Please find this Certificate of Relief from Disability in response to your request made to us recently. You are requested to return the original completed application form ensuring that all signatures have been notarized to the <Unit Name> at the address mentioned above.

You must submit the evidence of your income tax return for the last 3 years along with the original application. You should not send the originals as we will not return them but the copies of your income tax returns made to the federal government. You should also send us the W-2 Forms (statement of wages), as well as, copies of Form 1099 (all Miscellaneous I income). Please contact IRS at <Contact Number> in case you do not have the original copies. They will give you all the required documents upon request. In case you have got Social Security or Public Assistance for all or any of these 3-year periods, provide a copy of the printout for all such benefits received. The department can help you with procuring the copy.

You may have to be fingerprinted in case you were convicted of a felony in a federal court or any state apart from New York. We will notify you by mail if the same applies to you.

It is required to investigate your particular circumstances and can include although may not be restricted to the following:

1. Evidence of payment of any restitution of fine
2. Evidence of income tax payment for the last 3 years
3. Means of support and employment history

After we get all the necessary records and documents from you, a field representative will get in touch with you. He/she will coordinate for an interview at your home to verify your present circumstances and clarify queries if any. The <Department Name> will then proceed with the evaluation of your application to assess whether you are eligible for getting the Certificate of Relief from Disabilities or not. The statute allows the <Department Name> to remove all or one allowable disability.

The process is a lengthy one and so we will appreciate your cooperation.

In case you change or move your telephone number during this process, get in touch with the office at the earliest.

In case you wish to get the privilege of possessing firearms restored but the Federal Court convicted you of a felony, the <Bureau Name> should approve of the right of possessing firearms.

IMPORTANT INFORMATION (Detach and maintain in your records)

Please note that even if the Certificate of Relief from Disabilities is granted, it does not mean that your underlying conviction has been removed. The certificate also does not limit a licensing agency or a prospective employer from exercising legal discretion for refusing employment. They may also deny renewing or granting any privilege, permit, or license.

The information mentioned below is to guide you to determine the authority and your eligibility to which you should apply.

I. Eligibility

The CERTIFICATE OF RELIEF FROM DISABILITIES: Eligible offenders are those who have been convicted of a maximum of 1 felony or any number of misdemeanors.

II. Who you should apply to/Issuing Authority

A. CERTIFICATE OF RELIEF FROM DISABILITIES

The issuing court is the sentencing court in all cases except where there is a conviction

<Department Name>

<Unit Name>

1. Purpose for the Certificate of relief from disabilities _____

IDENTIFYING

2. Name _____

Last

First

Middle Jr./Sr.

3. Date of Birth _____

4. Birth of Place _____

5. Gender: Male [] Female []

6. Race: Chinese [], Japanese [], Hispanic [] Caucasian [] Native American [], American/African []

7. Weight

8. Height

9. Hair Color

10. Eye Color

11. Social Security Number _____ . _____ . _____

12. Are you referred to by any other name? If yes, mention it below along with the reason (s) for changing that name

Name:

Reason for Change _____

RESIDENCE

13. Current

Address: _____

14. List the names of all the household members for your current address

Name:	Age:	Relationship
-------	------	--------------

15. List all those earlier addresses in the last 5 years

RECORD OF EMPLOYMENT

16. Mention the names of your employers and occupations for the last five years or from the time since you left your school. Your latest employment history should be mentioned at the top and then work back. Also, give dates of the period (s) when you were unemployed:

CITIZEN

17. Are you an American citizen? (Tick one)

By naturalization, Certificate No _____ Yes, by birth

Provide Alien Registration Number _____ Country _____ if not a citizen

SOCIAL STATUS

19. Marital Status: Married [], Single [], Divorced [], Separated [], Annulled [], Widow (er) []

20. Mention the number of times you have been married _____. For each marriage state the following:

Name Used: _____ Husbands Full Name or Date married/Divorced
Wife's Maiden Name _____

21. Your present spouse's address _____

22. Number of children you have _____. Give their information

Name:

Age:

Address:

Currently lives with:

CRIMINAL HISTORY

23. If known: FBI# _____ NYSID# _____ PRISON# _____

24. RECORD OF ALL CONVICTIONS: Please list all your convictions. If there is any willful omission, it will be regarded as a falsification. Please depend on your own information. In case of any uncertainty, a statement mentioning so can do away with rejection based on falsification.

Date	Location and court	Charge	Sentence
------	--------------------	--------	----------

25. In case you have applied for a Certificate of Relief from Disability earlier, mention the following details:

i) Place:

ii) Date:

iii) Granted/Rejected:

26. I agree for an investigation to be conducted to determine whether I am eligible to be granted the certificate or not. I also certify that all my responses in this letter are correct and truthful.

Applicant's Signature _____ Date _____

27. State Name _____

County Name _____

_____ has sworn that he/she is the applicant whose name has been mentioned in the application. He/she has read the application properly and the content is true to his/her knowledge.

_____ Notary Public